

Esteemed Guardian Gal (Gg) Member Information

Guardian Gal's Name: _____

(Mailing) Address:

_____ Street _____ City, State _____ Zip Code

(Physical) Address:

_____ Street _____ City, State _____ Zip Code

Home Phone: _____ Cell Phone: _____ Texter:
Yes/No

Email Address: _____ Active Face Book User? Yes/No

Current Grade (or Grade Just Completed): _____

School: _____

Birth Date: _____

Graduation Year: _____

Pick-Up Permission

My Guardian Gal may be released to the following people for pick-up:

_____	_____	_____	_____
Name	Relationship	Address	Telephone

_____	_____	_____	_____
Name	Relationship	Address	Telephone

My Guardian Gal has permission to do the following after Ggals, Inc. gatherings:

_____(Parent Initial) Walk	_____(Parent Initial) Other
_____(Parent Initial) Bicycle	_____
_____(Parent Initial) Dial-A-Ride	_____

I understand that parents/guardians must notify Guardian Gals' Executive Director in writing of any alternative pick-up arrangements not specified at time of registration.

Signature of Guardian Gal: _____ Date: _____

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Parent/Guardian Contact Information 1

Parent/Guardian Name 1: _____

Mailing Address 1: _____

Physical Address 1: _____
Street City, State Zip Code

Home Phone 1: _____ Cell phone(s) 1: _____ Zip Code
Yes/No Texter?

Email Address(s) 1: _____ Active Face Book User? Yes/No

Parent/Guardian Contact Information 2

(For Use For Guardian Gals Who Switch Between Parental Households)

Parent/Guardian Name 2: _____

Mailing Address 2: _____

Physical Address 2: _____
Street City, State Zip Code

Home Phone 2: _____ Cell phone(s) 2: _____ Zip Code
Yes/No Texter?

Email Address(s) 2: _____ Active Face Book User? Yes/No

Media Release:

I understand that:

Newspaper photographers may ask to take pictures of Guardian Gals, Inc. activities. I give permission for my child to appear and to be named in newspaper photographs.

_____ (Parent initials)

My child may be videotaped and photographed for Guardian Gals, Inc. archival purposes. Some of these photos may appear in brochures or on the Guardian Gals, Inc. website. I understand and agree that these audio, video, web, film and or print images may be edited, duplicated, distributed, reproduced, broadcast, and or reformatted in any form and manner without payment or fees perpetuity. _____ (Parent initials)

There are times when Guardian Gals, Inc. parents, Guardian Gals, Inc. staff, board members, members, or volunteers may need to contact me or my child for various reasons such as program date changes, or for the exchange of information. I give permission for my name and my child's name, phone number, email address, and/or address to be distributed on a Guardian Gals, Inc. distribution list. I understand that my information will not be sold or released to anyone outside the Guardian Gals, Inc. organization. _____ (Parent initials)

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

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Gg Permission For Treatment

Permission For Treatment & Medical Information

Anytime parents are separated from children, they should leave written permission for medical treatment. By law, hospital personnel cannot treat a child in the event he or she becomes ill or injured, except in emergency situations, without parental authorization. To prevent needless delay in case of emergency, Guardian Gals, Inc. requests that proper consent be on file, to assure that all Guardian Gals, Inc. members get immediate care, in parent absence, should it be necessary.

Permission For Treatment (Please Print)

Guardian Gal's Name:

Last:

First:

Middle:

Birthdate:

Name(s) of Responsible Person(s) Able To Give Consent:

The undersigned does hereby grant permission to the individuals listed below, to give the required consent & authorization for the delivery of medical care, diagnosis, & treatment, on behalf of my minor child listed above:

Name of Responsible Adult #1:

Phone Number(s):

Name of Responsible Adult #2:

Phone Number(s):

Additionally, in the event neither of these individuals is available, I hereby grant permission to **Otsego Memorial Hospital**, its staff & physicians, to render emergency care for my minor children listed above for a period of time during my absence, (not to exceed 6 months) & to do all other necessary things I might or could do if personally present.

___ **2017 Programmimg**

__ **Signature of Parent/Guardian #1:**

Date:

__ **Signature of Parent/Guardian #2:**

Date:

Medical Information (Please Print)

Primary Physician:

Phone Number:

Insurance Company:

Number:

Known Allergies & Expected Reaction: (Please Include Allergies To Medication)

Significant Medical/Surgical History:

Last Tetanus Immunization: _____

Please List Any Other Information You Feel Is Of Importance:

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Gg Parent Participation Consent

**Parental Consent For Participation In Guardian Gals, Inc.
&
Release & Indemnity Agreement**

As parent and natural guardian and/or legal guardian of _____, a minor, I/we do hereby give my/our permission for my/our said child to join, become a member of, and participate in various activities and projects of Guardian Gals, Inc. I/we understand that Guardian Gals, Inc. is a non-profit corporation and that participation in any of its projects or activities is entirely voluntary. I/we further understand that certain of said projects and activities may require or involve transportation of my/our said child by public transportation, private vehicle, bicycle or foot. I/we acknowledge and appreciate that there are certain risks and dangers inherent in transportation and travel and that there may be other risks or dangers to said child involved in any of the projects or activities of Guardian Gals, Inc. in which said child may participate. I/we expressly assume all such risks on behalf of said minor child and accept full responsibility for any and all injuries that may occur to said minor child and do hereby release, acquit, discharge and indemnify Guardian Gals, Inc., and its members, directors, officers, employees, agents, independent contractors, successors and assigns from any claims, demands, judgments, or actions regarding any such personal injury or any claim of liability arising out of or related to the activities or projects of Guardian Gals, Inc. in which said minor child may participate. To the full extent permitted by law, I/we do hereby waive any claim on behalf of said minor child that may arise out of any such project or activity. My/our agreement to indemnify and hold harmless Guardian Gals, Inc. shall include any and all attorney fees and costs which may be incurred by Guardian Gals, Inc. in defending against any such claim or action.

I/we have read and fully understand this agreement and sign the same as our own free and voluntary act. I/we are of lawful age and legally competent to make this agreement.

Dated: _____

Parent

Parent

Registration 5 of 11
Gg Parent Transportation/Biking Consent

Transportation/Biking
Permission, Release, Acknowledgement & Indemnity Agreement

As a parent and natural guardian and/or legal guardian of _____, a minor, I/we do hereby give my/our permission for said child to be transported by Otsego County Dial-A-Ride for Guardian Gals' projects or activities outside of the city limits of the City of Gaylord or outside of the County of Otsego, or in situations where scheduling considerations make such transportation necessary. In other respects, I understand and acknowledge that most transportation of the children and persons participating in the activities and projects of Guardian Gals, Inc. will be either by foot or bicycle.

I/we acknowledge and appreciate the dangers inherent in pedestrian and bicycle travel, particularly by minors, and I/we specifically recognize those dangers and risks that can occur on and are inherent in travel on public sidewalks, walkways, crosswalks, streets and roadways. I/we understand and acknowledge that there is some risk of injury to said minor child from participation in such activities and travel by foot and/or bicycle. I/we expressly assume that risk on behalf of said minor child and accept full responsibility for any and all injuries that may occur to said minor child and do hereby release, acquit, discharge and indemnify Guardian Gals, Inc., and its members, directors, officers, employees, agents, independent contractors, successors and assigns from any claims, demands, judgments, or actions regarding any such personal injury or any claim of liability arising out of or related to the activities or projects of Guardian Gals, Inc. in which said minor child may participate. To the full extent permitted by law, I/we do hereby waive any claim on behalf of said minor child that may arise out of any such project or activity. My/our agreement to indemnify and hold harmless Guardian Gals, Inc. shall include any and all attorney fees and costs which may be incurred by Guardian Gals, Inc. in defending against any such claim or action.

I/we also assume full responsibility for the condition of any bicycle that is used by said minor child and the condition or absence of any equipment, including the bicycle, any bicycle lock and a protective helmet, that is used by my/our minor child, including all responsibility if said minor child is not provided with a protective bicycle helmet. I/we understand and agree that Guardian Gals, Inc. cannot force or require said minor child to wear a protective helmet while riding a bicycle.

I/we would rate said minor child's biking skill and ability on a scale of 0 to 10, 0 being having no biking skill or experience and 10 being an accomplished bicycle rider who knows the rules of the road, street crossings, and the like and needs no direct adult supervision. I/we would rate said minor child's biking skill and ability according to the above scale as _____.

I/we would rate said minor child's knowledge of how to safely navigate bike within city limits of Gaylord on a scale of 0 to 10, 0 being having no biking navigational skills or experience in the city of Gaylord and 10 being an accomplished bicycle rider who is comfortable navigating the road, street crossings, and the like within the city limits, needing no direct adult supervision. I/we would rate said minor child's comfort biking within the city of Gaylord and ability according to the above scale as _____.

GGals are on a mission to bring back the ole fashioned bike ride. Summer 2017 programming will include bi-weekly bike rides. Please let GGals, Inc. know if you have the following:

- ___ Size Appropriate Bicycle You Enjoy Riding
- ___ Size Appropriate Bike Helmet

I/we have read and fully understand this agreement and sign the same as our own free and voluntary act. I/we are of lawful age and legally competent to make this agreement.

Dated: _____

Parent

Parent

Swimming

Permission, Release, Acknowledgement & Indemnity Agreement

As parent and natural guardian and/or legal guardian of _____, a minor, I/we do hereby give my/our permission for said child to participate in the End of Summer Celebration (Thursday, August 18, 2016), which is an activity of Guardian Gals, Inc., which activities held at one of Treetops Resort's swimming pools. I/we further give my/our permission for said child to participate in other activities of Guardian Gals, Inc., which involve swimming or other activities in or on lakes, rivers, streams or other natural bodies of water.

I/we acknowledge and appreciate the dangers inherent in: 1) swimming and the use of swimming pools and related facilities; 2) activities in or on lakes, rivers, streams or other natural bodies of water; 3) canoeing, boating and other water related activities; particularly by minors, and specifically the risk of personal injury and/or death. I/we understand and acknowledge that there is risk of injury to my/our minor child from participation in the above-named activities. I/we expressly assume that risk on behalf of said child and accept full responsibility for any and all injuries that may occur to said minor child and do hereby release, acquit, discharge and indemnify Guardian Gals, Inc., and its members, directors, officers, employees, agents, independent contractors, successors and assigns from any claims, demands, judgments, or actions regarding any such personal injury or any claim of liability arising out of or related to the activities or projects of Guardian Gals, Inc. in which said minor child may participate. To the full extent permitted by law, I/we do hereby waive any claim on behalf of said minor child that may arise out of any such project or activity. My/our agreement to indemnify and hold harmless Guardian Gals, Inc. shall include any and all attorney fees and costs which may be incurred by Guardian Gals, Inc. in defending against any such claim or action.

I/we would rate said minor child's swimming abilities on a scale of 0 to 10, 0 being having no swimming ability whatsoever and 10 being an accomplished swimmer who does not need any aids, floatation devices, or direct supervision. I/we would rate said minor child's swimming abilities according to the above scale as _____.

I/we have read and fully understand this agreement and sign the same as our own free and voluntary act. I/we are of lawful age and legally competent to make this agreement.

Dated: _____

Parent

Parent

Interests

GACA (Gaylord Area Council For The Arts) Volunteering

Guardian Gals, Inc. wants to contribute to creating a more vibrant Gaylord. One way we do this is by supporting GACA with our time & talents, in an effort to support the visual & performing arts. Would you be interested in volunteering for GACA? Yes ___ or No ___

Farmer's Market Volunteering

Guardian Gals, Inc. supports the practice of sourcing locally grown food & thus, our Farmer's Market in downtown Gaylord. Would you be interested in making it a thought to meet us at the market on Saturdays &/or Sundays this June-October to see if there might be something healthy for you? Or even volunteering to help make the market stronger? Yes ___ or No ___

Foreign Exchange Student Hosting

Guardian Gals, Inc. has 3 members who live in countries outside of the USA, as these students came to Gaylord, Michigan as Foreign Exchange Students. Would your family be interested in learning more about how families host Foreign Exchange Students?
Yes ___ or No ___

First Aid/CPR Certification Opportunity

Guardian Gals, Inc. members had opportunity last summer to learn CPR/First Aid from Michael Czykoski @ Otsego County EMS in a 3 hour session for a fee of \$40. Would you be interested in receiving this training if we arranged it? Yes ___ or No ___

Healthy Food & Physical Activity

Favorite Healthy Foods:

Favorite Physical Activities:

Admission Essay

Below or on separate sheet of paper, please tell Guardian Gals, Inc. the following info:

1. Why are you interested in participating in Guardian Gals, Inc. activities?
2. What are some things that you know you are good at?
3. What talents would you like Guardian Gals, Inc. to help you grow?
4. What volunteer opportunities would you like to pursue this summer?
5. What questions do you have about the Guardian Gals, Inc. program?

Youth Survey

This survey will help us learn about you & the other girls who are participating in our mentoring program. It is important for us to learn as much as we can about what you get out of your participation & how we can improve our program to make it even better next year. It is important that you answer each question as honestly as you can. Remember that there are no right or wrong answers, so please do not answer the questions based on what you think we want to hear. Only your Program Coordinator & Gg Executive Director will see how you answer the questions & she will keep your answers confidential. Thank you for taking this survey and helping us evaluate the program!

Your Name: _____ Date: _____

Unless indicated, please CHECK ONLY ONE BOX per item.

Supportive Relationships, developed by M. A. Gambone et al. for the Community Change for Youth Development Demonstration Project, Public/Private Ventures (modified for Evaluation of San Francisco Beacons Initiative by C. L. Sipe and Karen Walker, Public/Private Ventures)
3 subscales: Guidance (items c and d); Emotional Support (items b and h); Practical Support (items a, e, f, and g)

How many adults in your life (parents, teachers, counselors, relatives, friends, etc.) do the following things for you?	None	One	2-3	4-5	6 or more
a. Offer help with schoolwork?					
b. Say something nice when you do something good?					
c. Pay attention to what's going on in your life?					
d. Get on your case if you mess up or make a mistake?					
e. Offer help if you feel physically threatened? For example, if someone was going to hit you or beat you up?					
f. Offer help in an emergency?					
g. Offer advice about personal problems, such as a problem with a friend?					
h. Offer help if you were really upset or mad?					

School Engagement Scale, developed by J. P. Connell, Institute for Research and Reform of Education
Adapted from Search Institute Profiles of Student Life—Attitudes and Behaviors Survey

How often are the following true for you?	Never	Sometimes	Often	Very Often
a. I pay attention in class.				
b. I often come to class unprepared.				
c. I don't try very hard in school.				
d. I work very hard on my schoolwork.				

How important is each of the following to you in your life?	Not At All	Somewhat Important	Important	Very Important
a. Doing the best I can in school. (part of school engagement scale above)				
b. Doing what I believe is right, even if my friends make fun of me.				
c. Standing up for what I believe, even when it's unpopular to do so.				
d. Telling the truth, even when it's not easy.				

How important is each of the following to you in your life?	Not At All	Somewhat Important	Important	Very Important
a. Accepting responsibility for my actions when I make a mistake or get in trouble.				
b. Doing my best even when I have to do a job I don't like.				
c. Helping to make the world a better place in which to live.				
d. Giving time or money to make life better for people.				

Folkman et al., Ways of Coping, 3 subscales: Problem-Focused (items a, c, d, f, m); Detachment (items b, h, i); Seek Social Support (items e, g, j, k, l)

When you're faced with a problem or difficult situation, how likely are you to do the following?	Not At All Likely	Not Very Likely	Somewhat Likely	Very Likely
a. Go over in my mind what I will say or do.				
b. Forget the whole thing.				
c. Come up with a couple of different solutions to the problem.				
d. Try not to act too hastily or follow my first hunch.				
e. Talk to someone to find out more about the situation.				
f. Try to see things from the other person's point of view.				
g. Ask someone I respect for advice.				
h. Go on as if nothing is happening.				
i. Wait to see what will happen before doing anything.				
j. Talk to someone about how I'm feeling.				
k. Accept sympathy and understanding from someone.				
l. Talk to someone who can do something to solve the problem.				
m. Make a plan of action and follow it.				

THANK YOU VERY MUCH FOR COMPLETING THIS SURVEY.

Registration 10 of 11
Half Marathon Volunteer Commitment

Volunteer Name:

Email Address: _____

Phone Number:

Emergency Contact Name & Phone Number:

Guardian Gals, Inc. Member? (Y or N)

Student? (School Name & Grade/College:

How did you hear about Making Change Event?

Please read & accept this liability waiver:

I, _____, am committed to participate as a volunteer at 8th Annual Making Change Event, renamed this year as "Gaylord Half Marathon –A Gg Making Change Event" which will be held Saturday, October 14th, 2017. I agree to help ensure a safe, positive, & encouraging race environment for all participants & others involved with this Half Marathon, 10k, 5k, & 1Mile Run/Walk Event. I will bring my SPARK & encourage all to IGNITE POSITIVE CHANGE in their own way. I will give as many high fives & smiles as I am physically able to during my volunteer experience!

***Participating volunteers must agree to terms by checking the box below.**

I agree

Note:

Two weeks prior to 8th Annual Making Change Event, each committed volunteer will receive a phone call from Gg Board Member, Lisa Daly, who will make arrangements at this time for delivery of official Guardian Gals, Inc. Making Change Volunteer Kit. Kits include clear instructions, materials, & directional maps needed to perform volunteer tasks at hand. If needed, Lisa can be reached by phone at 989.614.1370 or by email at Lisa.daly@chemicalbankmi.com.

We, the undersigned, understand the GGals, Inc. "Making Change Event" requirement: Signature of Guardian Gal: _____

Signature of Parent/Caregiver: _____

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Gg 2017 Sign-Off Sheet

Guardian Gals, Inc. Meet & Greet Packet Sign-Off Sheet

Parent Initial

Gg Contact Information (Meet & Greet Packet Page 1) _____

Gg Day-To-Day Details (Meet & Greet Packet Page 2) _____

Gg Sample Daily Agenda (Meet & Greet Packet Page 3) _____

Gg 2017 Schedule (Meet & Greet Packet Page 4) _____

Giving Circles Overview (Meet & Greet Packet Page 5 & 6) _____

Gg Philanthropic Contribution (Meet & Greet Packet Page 7) _____

Gg Good Stuff (Meet & Greet Packet Page 8) _____

Gg Making Change Event Information (Meet & Greet Packet Page 9&10) _____

I/we _____ have read & fully understand pages 1-10 of the 2017 Guardian Gals, Inc. Meet & Greet packet & sign the same as our own free & voluntary act. I/we are of lawful age & legally competent to make this agreement.

Dated: _____

Parent

Parent

Questions:

Registration Appendix A
Gg Registration Fee Waiver

Guardian Gals, Inc. Waiver of Registration Fees Application

Dear Parent/Guardian/Guardian Gal:

Guardian Gals, Inc. assesses **Registration Fees** to members in order to purchase materials necessary for executing programming. When families find it difficult to meet this obligation, Guardian Gals, Inc. provides either **DISCOUNTED** or **FREE OF CHARGE Registration Fees** to girls whose families cannot afford to pay. Guardian Gals, Inc. also has waived **Registration Fees** for high school "Elder" members who commit to promoting Guardian Gals, Inc. mission with their personal positive narrative; regularly attending programming; diligently mentoring younger members; essentially enhancing our programming with dynamic contributions of time, talent, & treasure.

Parents who cannot afford to pay the **Registration Fees** because of personal family financial circumstances may apply for a waiver of the **Registration Fees**, established through annual gifts of scholarships by generous donors. Parents must present proof of receiving government assistance through Department of Human Services; provide documentation that child receives free or reduced school lunch; provide documentation of other special needs in order to qualify for a waiver of Registration Fees.

High School Elders, *defined as girls who **both**, have experienced one year of Guardian Gals, Inc. programming & who are entering either 9th, 10th, 11th, or 12th grade, may apply for a waiver of the **Registration Fees**, also established through annual gifts of scholarships by generous donors. Girls must first present written testimonial to Guardian Gals, Inc. Board of Directors, detailing positive personal past experience as a Guardian Gals, Inc. member, then if accepted for scholarship, commit to diligently attend & serve as mentor in Guardian Summer Programming.

If you believe you are eligible for a waiver of Registration Fees, please complete this form & return it promptly to Guardian Gals, Inc. Board of Directors:
PO Box 1149 Gaylord, MI 49734 or AbbyHamilton@guardiangalsinc.org .

If you have any questions, please privately contact Guardian Gals, Inc. Executive Director, Abby Hamilton, by phone (989) 390.5749 or at Guardian Gals, Inc. Headquarters, 321 East Main Street, Gaylord, Michigan 49735.

I, _____, (parent or guardian) believe my child is eligible for the waiver of Guardian Gals, Inc. Registration Fees.

Please provide the name & grade of each child requiring consideration for waived Registration Fees/Guardian Gals, Inc. scholarship below:

_____ Gals' Name
_____ Grade

_____ Gals' Name
_____ Grade

_____ Gals' Name
_____ Grade

I voluntarily disclose the following information to enable Guardian Gals, Inc. to determine eligibility for this waiver of Registration Fees:

_____ We currently receive government assistance through D.H.S. Case #: _____
_____ This child/these children receive free or reduced school lunch.
_____ This child receives services for special needs.

Signature of Parent or Guardian

Date

Registration Appendix A
Gg Registration Elder Testimonial

Guardian Gals, Inc. Waiver of Registration Fees Application

Gg Elder Personal Testimonial

The following are Guardian Gals, Inc. Values:

- **Kindness**
 - Thoughtfulness, Consideration, Compassion, Sharing, Friendship & Belonging
- **Esteem**
 - Integrity, Confidence/Courage, Accountability, Trust/Honesty, Principles/Values
- **Well-Being**
 - Healthy Eating, Supporting Farmer's Market/Locally Sourced Food, Exercise/Play, Recycling, Hosting Half-Marathon, 10k, 5k, & 1Mile Run/Walk Event For Otsego County
- **Safe Haven**
 - Respect/Acceptance, Awareness, Anti-Bullying/Violence, Compromise, Protect/Advocate

Please thoughtfully answer the following questions on separate sheet of paper:

1. The vision of Guardian Gals, Inc. is to actively engage girls & women to ignite positive personal & societal change. Why is it important to contribute time, talent, & treasure to our world?
2. Throughout the organization, Guardian Gal members mutually empower & inspire one another to initiate personal, philanthropic, & civic action for the common good. Why should girls contribute their time, talent, & treasure to the mission of Guardian Gals, Inc?
3. Think about your adventures as a Guardian Gal. What is one specific example of a Guardian Gals, Inc. experience that has enhanced your life?
4. Generally speaking, how has Guardian Gals, Inc. positively impacted your life?

I understand that:

Guardian Gals, Inc. may use this personal testimonial for marketing purposes in direct mail pieces, brochures, or on the Guardian Gals, Inc. website. _____(Parent/Gg Initial)

This testimonial may be edited, duplicated, distributed, reproduced, broadcast, & or reformatted in any form & manner without payment or fees perpetuity. _____(Parent/Gg Initial)

Parent Signature: _____

Date:

Ggal Signature: _____

Date:
